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Please type a plus sign (+) inside <input checked="" type="checkbox"/>		3-17-00		A	
UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	VSD-201.1-CON	Total Pages	
(only for new nonprovisional applications under 37 CFR 1.53(b))		First Named Inventor or Application Identifier FRANK MONTERO			
		Express Mail Label No.	EL227319694US		
APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
See MPEP Chapter 600 concerning utility patent application contents.					
1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification [Total Pages 220] (Preferred arrangement set forth below)		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
- Descriptive Title of the Invention		a. <input type="checkbox"/> Computer Readable Copy			
- Cross References to Related Applications		b. <input type="checkbox"/> Paper Copy (identical to computer copy)			
- Statement Regarding Fed sponsored R&D		c. <input type="checkbox"/> Statement verifying identity of above copies			
- Reference to Microfiche Appendix					
- Background of the Invention		ACCOMPANYING APPLICATION PARTS			
- Brief Summary of the Invention		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
- Brief Description of the Drawings (if filed)		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney			
- Detailed Description		10. <input type="checkbox"/> English Translation Document (if applicable)			
- Claim(s)		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
- Abstract of the Disclosure		12. <input type="checkbox"/> Preliminary Amendment			
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
3. <input checked="" type="checkbox"/> Drawing(s) [Total Sheets 6]		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
4. Oath or Declaration		15. <input type="checkbox"/> Other:			
a. <input type="checkbox"/> Newly executed (original or copy)					
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional check boxes 5 and 16)					
i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).					
5. <input checked="" type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.					
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:					
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No: 09/071,874 filed May 4, 1998					
17. <input checked="" type="checkbox"/> For this continuation application, please cancel original Claims 1-416 of the prior application before calculating the filing fee.					
18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence Address below					
Name: C. Andrew Im					
Address: Fulbright & Jaworski L.L.P. 666 Fifth Avenue New York, NY 10103-3198 USA					
19. TELEPHONE CONTACT					
Please direct all telephone calls or telefaxes to C. Andrew Im at:					
Telephone: (212) 318-3359 Fax: (212) 752-5958					
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME		C. Andrew Im		Reg. No. 40,657	
SIGNATURE					
DATE		March 14, 2000			

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	3/13/00
	First Named Inventor	Frank Montero
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket Number	VSD-201.1-CON


FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$345.00
TOTAL CLAIMS	6- 20 =	0	x 18.00	0
INDEPENDENT CLAIMS	2- 3 =	0	x 78.00	0
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A		
			TOTAL FEES	\$345.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No.50-0624 in the amount of \$. A copy of this sheet is enclosed.
- ☒ A check for \$345.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A copy of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	C. Andrew Im	Reg. No. 40,657
Signature		Deposit Account No. 50-0624
	Date: March 14, 2000	